



# Volunteer Registration

<b>Instructions: Print or Type Responses</b>		<b>Mark with "X" where appropriate</b>				
1. Name ( <i>first, middle, last as you wish it for records</i> ) _____  2. Preferred First Name _____	3. Phone day: _____ evening: _____  4. E-mail address: _____					
5. Street Address ( <i>include apartment number</i> ) _____	6. City _____	7. State _____	8. Zip + 4 _____			
9. If you represent a group, please give name of group: _____						
10. At which facility or park would you like to volunteer? _____						
11. Indicate the type of volunteer work you are interested in: <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 33%;"> <b>General</b>  <input type="checkbox"/> Docent  <input type="checkbox"/> Computer Work  <input type="checkbox"/> Special Event Coordination  <input type="checkbox"/> Special Event Assistance  <input type="checkbox"/> Office Work  <input type="checkbox"/> Writing (Grants, Newsletters)  <input type="checkbox"/> Mailings  <input type="checkbox"/> Graphic Arts  <input type="checkbox"/> Facility Upkeep  <input type="checkbox"/> <b>Other:</b> (<i>please indicate</i>)            _____            _____         </td> <td style="vertical-align: top; width: 33%;"> <b>Parks Maintenance</b>  <input type="checkbox"/> Litter Clean-Up  <input type="checkbox"/> Invasive Plant Removal  <input type="checkbox"/> Plantings  <input type="checkbox"/> Natural Area Reforestation  <input type="checkbox"/> Trail Maintenance  <input type="checkbox"/> Off Leash Program  <input type="checkbox"/> Sports Field Program  <input type="checkbox"/> Monitoring  <input type="checkbox"/> One-time Only Project         </td> <td style="vertical-align: top; width: 33%;"> <b>Recreation</b>  <input type="checkbox"/> Advisory Council Member  <input type="checkbox"/> Mentoring  <input type="checkbox"/> Teaching/Education  <input type="checkbox"/> Before/After School Program  <input type="checkbox"/> Sports Programs  <input type="checkbox"/> Pool Assistance  <input type="checkbox"/> Day Camps  <input type="checkbox"/> Arts/Crafts Programs  <input type="checkbox"/> Late Night Program         </td> </tr> </table>				<b>General</b> <input type="checkbox"/> Docent <input type="checkbox"/> Computer Work <input type="checkbox"/> Special Event Coordination <input type="checkbox"/> Special Event Assistance <input type="checkbox"/> Office Work <input type="checkbox"/> Writing (Grants, Newsletters) <input type="checkbox"/> Mailings <input type="checkbox"/> Graphic Arts <input type="checkbox"/> Facility Upkeep <input type="checkbox"/> <b>Other:</b> ( <i>please indicate</i> ) _____ _____	<b>Parks Maintenance</b> <input type="checkbox"/> Litter Clean-Up <input type="checkbox"/> Invasive Plant Removal <input type="checkbox"/> Plantings <input type="checkbox"/> Natural Area Reforestation <input type="checkbox"/> Trail Maintenance <input type="checkbox"/> Off Leash Program <input type="checkbox"/> Sports Field Program <input type="checkbox"/> Monitoring <input type="checkbox"/> One-time Only Project	<b>Recreation</b> <input type="checkbox"/> Advisory Council Member <input type="checkbox"/> Mentoring <input type="checkbox"/> Teaching/Education <input type="checkbox"/> Before/After School Program <input type="checkbox"/> Sports Programs <input type="checkbox"/> Pool Assistance <input type="checkbox"/> Day Camps <input type="checkbox"/> Arts/Crafts Programs <input type="checkbox"/> Late Night Program
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12. Do you have a valid Washington State Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No						
13. Are you currently certified in CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently certified in First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No						
14. <b>Emergency Contact Information</b> Name of Person to Contact: _____ Phone Number(s) of Contact Person: _____						
15. Is there any other pertinent information about you that we should know? _____ _____						
16. What is your availability? (days, times, seasons, number of hours weekly or monthly?) _____ _____						

17. What general skills/experience/education would you like to share in your volunteer work?

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**Notice to Volunteers**

Volunteers are not considered to be City of Seattle employees for any purposes. Injury compensation is provided as described in the Service Agreement. Volunteer service is considered to be creditable work experience. The data furnished on this form is furnished voluntarily and will only be used to contact, interview and place volunteers in their work assignment. Volunteers are expected to track all hours served on the time sheets provided. This is a requirement for volunteering with the City of Seattle and provides injury compensation, should that be necessary, and recognition benefits.

**Please Read and Sign**

As a volunteer, I agree to follow all rules and regulations applicable to the volunteer position accepted by me. I agree to help maintain parks and programs, but not to alter either without approval by the Volunteer Coordinator and associated staff. I realize that frequently Parks and Recreation staff will be working with me and will give direction and coordination when needed. I will complete time sheets and group sign-in forms when appropriate.

Signature (in ink) \_\_\_\_\_ Date \_\_\_\_\_

**If Under 18**

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Recreation Volunteers Return to:

Staff at the Recreation Center  
where you will volunteer

Parks Volunteers return to:

Volunteer Programs Coordinator  
Seattle Parks and Recreation  
4209 W Marginal Way SW  
Seattle, WA 98106-1211

**For Staff Use:**

Assigned Position: \_\_\_\_\_

Assigned Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Notes: \_\_\_\_\_

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## Service Agreement for Parks Volunteers

The City of Seattle, acting by and through its Department of Parks and Recreation (called the "Department" herein,)

and \_\_\_\_\_ (called the "Volunteer" herein,) agree as follows:  
(print name)

1. The Department shall:
  - a. Provide the Volunteer with such training, supervision, staff support, work space, and materials as the Department deems necessary to enable the Volunteer to perform his/her donated support services.
  - b. Provide the Volunteer \$25,000 insurance for an injury incurred while volunteering, and personal liability insurance coverage (limit \$1,000,000 per occurrence) at no cost to the Volunteer for claims arising out of the Volunteer's service as a registered Volunteer. This coverage shall not apply to the Volunteer's use of automobiles; furthermore, it is secondary to any other insurance the Volunteer may have.
  - c. Appear and defend a claim or lawsuit made against the Volunteer personally arising in the scope and course of carrying out an assignment as authorized by Seattle Municipal Code 54.64.100.
  - d. Provide Volunteer with authorization to drive a City vehicle when required to perform official City business at request of the Department, subject to volunteer providing evidence of a Washington State driver's license and signing the Driving Guidelines document. In the event a claim or legal action arises out of an accident involving the Volunteer's authorized use of a City vehicle, the Department will request such action be defended by the City's Corporation Counsel, in accordance with provisions of Seattle Municipal Code 4.68.030 and the Driving Guidelines document.
2. The Volunteer shall:
  - a. Abide by and conform to Department policies relative to appearance, discipline, attendance, caliber of work and written and oral directives.
  - b. Be personally responsible for prompt and accurate recording of his/her hours of actual work in the format provided by the Department. Failure to do so may result in loss of benefits.
  - c. Notify the Department when circumstances dictate termination of his/her volunteer service if prior to the date agreed upon in Section 3.
  - d. Indemnify and hold the City of Seattle free and harmless from all liability arising out of any and all claims, demands, losses, damages, action or judgments of every kind and description which may occur to or be suffered by the Volunteer by reason of activities arising out of this agreement, except as stated in 1c and 1d above.
3. This agreement will be terminated upon written notice by either party to the other.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### VOLUNTEER

Name (Printed): \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Volunteer Position: \_\_\_\_\_ Position Location: \_\_\_\_\_

Signature of Parent or Guardian (if a minor): \_\_\_\_\_

### DEPARTMENT

Supervisor Signature: \_\_\_\_\_

Supervisor Title: \_\_\_\_\_



## Seattle Parks and Recreation

100 Dexter Avenue North

Seattle, WA 98109

### CONSENT TO RELEASE INFORMATION AND RELEASE FROM LIABILITY

To Whom It May Concern:

I am an applicant for a position with Seattle Parks and Recreation. I understand that the Washington Child/Adult Abuse Information Act, Chapter 486, Laws of 1987, requires this agency to investigate my personal history to evaluate my qualifications to hold the position(s) for which I applied. Therefore, I authorize Seattle Parks and Recreation to gather all pertinent information regarding my personal history, including information which may be of a confidential or privileged nature.

I consent to your release of any and all public and private information in three areas:

1. **civil adjudications:** a specific court finding of sexual abuse or exploitation or physical abuse in a dependency action(s) or in a domestic relations action(s);
2. **conviction record:** criminal history record information relating to certain crime(s) against persons; and
3. **disciplinary board final decisions:** Department of Licensing finding(s) of physical and sexual abuse or exploitation of a child.

I request your cooperation in supplying this information to Seattle Parks and Recreation on behalf of \_\_\_\_\_.

I hereby agree to release you and those who supplied you with information of any kind, your company or organization, the City of Seattle and its employees, Seattle Parks and Recreation and its employees from any liability for any damage which may result from furnishing the requested information.

\_\_\_\_\_  
*applicant's signature*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*applicant's name (print)*

\_\_\_\_\_  
*address*

\_\_\_\_\_  
*date of birth*

\_\_\_\_\_  
*city, state and zip*



## Seattle Parks and Recreation

100 Dexter Avenue North  
Seattle, WA 98109

## APPLICANT DISCLOSURE PURSUANT TO CHAPTER 486. LAWS OF 1987

Location \_\_\_\_\_

Supervisor \_\_\_\_\_

Social Security No. \_\_\_\_\_

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date and the court(s) involved.

1. Have you ever been convicted of any crimes against persons as defined in Section 1 of Chapter 486, Laws of 1987, and listed as follows: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second or third degree rape; first, second, or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; Incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment?

ANSWER \_\_\_\_\_

IF YES, EXPLAIN BELOW.

\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been found in any dependency action under RCW 13.34.030(2) (b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

ANSWER \_\_\_\_\_

IF YES, EXPLAIN BELOW.

\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

ANSWER \_\_\_\_\_

IF YES, EXPLAIN BELOW.

\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

ANSWER \_\_\_\_\_

IF YES, EXPLAIN BELOW.

\_\_\_\_\_  
\_\_\_\_\_

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Signature \_\_\_\_\_

Date and Place \_\_\_\_\_

Witness \_\_\_\_\_

# WASHINGTON STATE PATROL

Identification and Criminal History Section  
PO Box 42633, Olympia WA 98504-2633

## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845 (Instructions on Reverse Side)

### A REQUESTING AGENCY/ADDRESS

Seattle Parks and Recreation

Agency

Human Resources Unit

Attn

100 Dexter Avenue North

Address

Seattle, WA 98109-5102

City/State/Zip

I certify this request is made pursuant to and for the purpose indicated.

Authorized Signature

Date

Title

Area Code/Phone Number

### B PURPOSE

Check appropriate box

☐ Educational School District (ESD)/School District Volunteer - no fee

☒ Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)

☐ Profit Business/Organization - \$10

☐ Adoptive Parent - \$10

**Fees:** Make payable to **Washington State Patrol** by cashier's check, money order, or business account.

### C APPLICANT OF INQUIRY (please provide as much information as possible name and date of birth are mandatory)

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

Social Security Number: \_\_\_\_\_ Driver's Lic. Number/State: \_\_\_\_\_ / \_\_\_\_\_

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

### D IDENTIFICATION DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below shows no evidence pursuant to RCW 43.43.830 through 43.43.845.

Seattle Parks and Recreation

Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

WSP Use Only

Valid Two Years From Issue

Applicant Right Thumb Print (Optional)

**MAIL COMPLETED FORM TO:**

WASHINGTON STATE PATROL  
IDENTIFICATION AND CRIMINAL HISTORY SECTION  
PO BOX 42633  
OLYMPIA, WA 98504-2633

**FOR FURTHER INFORMATION, CONTACT THE WASHINGTON STATE PATROL AT PHONE NUMBER: (360) 705-5100**

**EMAIL ADDRESS: [crimhis@wsp.wa.gov](mailto:crimhis@wsp.wa.gov)**

**Washington State Patrol WEBSITE: <http://www.wa.gov/wsp/>**

**CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES:**

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington state businesses, organizations or individuals. All other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

***1. Searches can be conducted only on prospective employees, volunteers or adoptive parents.***

Background checks can be conducted on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment or engagement decisions only.

**Background checks on current employees or volunteers should be done through the Criminal Records Privacy Act, RCW 10.97**

***2. Applicants must be notified an inquiry may be made.***

A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, applying for a position as an employee or volunteer that an inquiry may be made.

***3. A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.***

A business or organization shall require each applicant to disclose whether the applicant has been:

- (a) convicted of any crime against children or other persons;
- (b) convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;
- (c) convicted of crimes related to drugs as defined in RCW 43.43.830;
- (d) found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor;
- (e) found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;
- (f) found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult;
- (g) found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

The disclosure shall be made in writing and signed by the applicant and sworn under penalty of perjury. The disclosure sheet shall specify all crimes against children or other persons, all crimes relating to drugs, and all crimes relating to financial exploitation as defined in RCW 43.43.830 in which the victim was a vulnerable adult.

***4. Applicants must be notified of the response.***

The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

**WASHINGTON STATE PATROL RESPONSE**

This identification certificate is the result of a request for criminal conviction record information from the Washington State Patrol Identification and Criminal History Section on a prospective applicant by a business or organization. Pursuant to the Child/Adult Abuse Information Act, RCW 43.43.830 through 43.43.845, if the conviction record, disciplinary board final decision, or civil adjudication record shows no evidence of a crime against children or other persons, an identification declaring the showing of no evidence shall be issued to the applicant.